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DENVER, CO 80202					(Depositor's name)			
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APPLICATION NO.	CATION NO. FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/541,045	41,045 05/31/2006		Philip Mark Hogarth				1814	
TITLE OF INVENTION: FC RECEPTOR MODULATING COMPOUNDS AND COMPOSITIONS								
APPLN. TYPE	SMALL ENTITY	18	SUE FEE DUB	PUBLICATION FEE DUE	UE PREV. PAID ISSUE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1400	\$300	\$0		\$1700	12/21/2007
EXAMINER			ART UNIT	CLASS-SUBCLASS	7			
VALENROD, YEVGENY 1621				568-042000				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363).								
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed in the control of the co				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLBASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Trillium Therapeutics Inc. Toronto, Canada								
Please check the appropriate assignce category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government								
4a. The following fee(s) are submitted: It issue Fee I hotilication Fee (No small entity discount permitted) Advance Order - # of Copies 10				h Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by reduct surf. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-1970 (enclose an extra copy of this form).				
5. Change in Entity Sta				Dr. Annibonations for	ana alaimina SMA	I I EN	TITV atabus See 27 CT	ZP 1.27(a)/2)
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.2. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g/2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from a wyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Fatent and Trademark Office.								
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Authorized Signature / Darla G. Yoerg/				Date December 20, 2007				
Typed or printed nam	ne Darla G. Yo	erg		Registration No. 48053				

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